

2814 AF
\$



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	5297/32-3
Application Number	08/203,672
Filing Date	February 28, 1994
First Named Inventor	Brian H. Silver
Group Art Unit	2814
Examiner	Vikki Trinh

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AUG 29 2001
TECHNOLOGY CENTER 2814

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Amendment / Response to Restriction/Election Req.
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (+ dupli) and \$195 fee
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawings:
<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition
<input type="checkbox"/> To Convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Applicant claims small entity status.
<input type="checkbox"/> Request of Refund | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input checked="" type="checkbox"/> Appeal Communication to Group (Notice of Appeal (+ dupli) and \$155 fee)

<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed. | | |

CALCULATION OF FEE

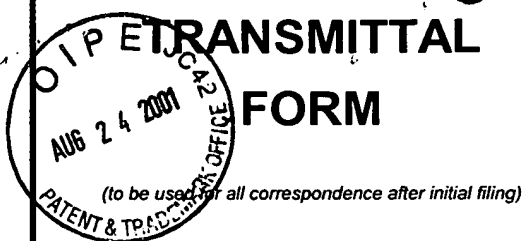
				Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$40=	0	x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---	+\$270=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak Registration No. 30,608 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	July 27, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:		July 27, 2001
Signature	 Michael H. Baniak	Date: July 27, 2001



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